County: Chi ppewa MAPLE WOOD 1501 THOMPSON

BLOOMER 54724 Phone: (715) 568-2000 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? Yes Number of Beds Set Up and Staffed (12/31/00): 59 Total Licensed Bed Capacity (12/31/00): 75 Number of Residents on 12/31/00:

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?

Average Daily Census:

Nonprofit Church-Related Skilled No Yes **58**

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/00) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No No No Yes No No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	% 0. 0 16. 4 14. 5 0. 0 9. 1 1. 8 0. 0 36. 4 5. 5 5. 5 7. 3 3. 6 100. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over G5 & Over Sex Mal e Femal e	0. 0 1. 8 34. 5 56. 4 7. 3 	Less Than 1 Year 1 - 4 Years More Than 4 Years *********************** Full-Time Equivale Nursing Staff per 100 R (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	23. 6 50. 9 25. 5 100. 0 ********
Developmentally Disabled ************************************	No	 * * * * * * * * * * * * * * * * * *	*****	 ********	100. 0	 *************	*****

Method of Reimbursement

		Medi (Ti tl			Medic (Title			0th	er	P	rivate	Pay		Manageo	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 5	\$118. 85	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 8%
Skilled Care	4	100.0	\$135.00	30	75. 0	\$101.46	0	0.0	\$0.00	11	100.0	\$124.00	0	0.0	\$0.00	45	81. 8%
Intermedi ate				9	22.5	\$84. 07	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	9	16. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		40	100. 0		0	0.0		11	100.0		0	0.0		55	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti on	s, Services	s, and Activities as o	f 12/3	1/00
beachs builing hepoteting ferrou		\		% N	eedi ng			Total
Percent Admissions from:		Activities of	%		tance of	% Totally	N	umber of
Private Home/No Home Health	14. 3	Daily Living (ADL)	Independent		Two Staff	Dependent		esi dents
Private Home/With Home Health	7. 1	Bathi ng	1 nucpenuent		89. 1	9. 1	100	55
Other Nursing Homes	0.0	Dressi ng	16. 4		74. 5	9. 1		55 55
Acute Care Hospitals	69. 0	Transferri ng	25. 5		74. 3 58. 2	16. 4		55 55
	0.0	Toilet Use	25. 5 25. 5		58. 2	16. 4 16. 4		55 55
Psych. Hosp MR/DD Facilities								55 55
Rehabilitation Hospitals	0.0	Eating	87. 3	***	10. 9	1. 8	***	**********
Other Locations	9.5		* * * * * * * * * * * * * * * *	0/ C	• 1 m		****	0 /
Total Number of Admissions	42	Continence	1 0 .1 .		pecial Trea			%
Percent Discharges To:		Indwelling_Or Externa		0.0		Respiratory Care		18. 2
Private Home/No Home Health	19. 2	Occ/Freq. Incontinent		32. 7		Tracheostomy Care		0. 0
Private Home/With Home Health	19. 2	Occ/Freq. Incontinent	t of Bowel	10. 9	Recei vi ng	Suctioning *		0. 0
Other Nursing Homes	5.8					Ostomy Care		1. 8
Acute Care Hospitals	5.8	Mobility			Recei vi ng	Tube Feeding		0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0. 0	Recei vi ng	Mechanically Altered	Diets	16. 4
Reĥabilitation Hospitals	0. 0				Ü	v		
Other Locations	3.8	Skin Care		0	ther Reside	ent Characteristics		
Deaths	46. 2	With Pressure Sores		1. 8	Have Adva	nce Directives		87. 3
Total Number of Discharges		With Rashes			edi cati ons			
(Including Deaths)	52				Recei vi ng	Psychoactive Drugs		50. 9
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	Thi s	Other Hospital-	Al l
	Facility	Based Facilities	Facilties
	%	% Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77. 3	87. 5 0. 88	84. 5 0. 91
Current Residents from In-County	94. 5	83. 6 1. 13	77. 5 1. 22
Admissions from In-County, Still Residing	28. 6	14. 5 1. 97	21. 5 1. 33
Admi ssi ons/Average Daily Census	72. 4	194. 5 0. 37	124. 3 0. 58
Discharges/Average Daily Census	89. 7	199. 6 0. 45	126. 1 0. 71
Discharges To Private Residence/Average Daily Census	34. 5	102. 6 0. 34	49. 9 0. 69
Residents Receiving Skilled Care	83. 6	91. 2 0. 92	83. 3 1. 00
Residents Aged 65 and Older	100. 0	91. 8 1. 09	87. 7 1. 14
Title 19 (Medicaid) Funded Residents	72. 7	66. 7 1. 09	69. 0 1. 05
Private Pay Funded Residents	20. 0	23. 3 0. 86	22 . 6 0. 89
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6 0. 00
Mentally Ill Residents	30. 9	30. 6 1. 01	33. 3 0. 93
General Medical Service Residents	3. 6	19. 2 0. 19	18. 4 0. 20
Impaired ADL (Mean)*	40. 0	51. 6 0. 78	49. 4 0. 81
Psychological Problems	50 . 9	52. 8 0. 96	50. 1 1. 02
Nursing Care Required (Mean)*	5. 5	7.8 0.70	7. 2 0. 76